

Building Modification Form

Office of Risk Management

NOTE	MODIFICATIONS REQUESTS SHALL ONLY BE MADE BY THE OWNING AGENCY OF A BUILDING.				
AGENCY REQUESTING CHANGE					ORM LOCATION CODE
AUTHORIZED BY			DATE		BUILDING CODE (SITE CODE/BUILDING NO.)
CONTACT NAME			PHONE NUMBER		LEGACY BUILDING NUMBER (SLABS)
TYPE OF CHANGE (PLEASE CHECK ONE)		<input type="checkbox"/> BUILDING NAME CHANGE <input type="checkbox"/> BUILDING ADDRESS CHANGE <input type="checkbox"/> ORM LOCATION CODE CHANGE <input type="checkbox"/> BUILDING RENOVATION/ADDITION <input type="checkbox"/> BUILDING USE CHAGE <input type="checkbox"/> OTHER _____			
		EXISTING DATA		NEW DATA	
STATE AGENCY NAME					
ORM LOCATION CODE					
BUILDING NAME					
STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)					
CITY, STATE, ZIPCODE					
DETAILS (INCLUDE DATE OF TRANSACTION, TYPE OF RENOVATION, CHANGE IN USE, ETC.)					
RETURN COMPLETED FORM TO		THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106			

UND-4.3

FOR ORM USE ONLY	
DATE RECEIVED	
DATE GIVEN TO FARA	
DATE COMPLETED	